CHAPTER 9
ADDENDUM E

DEERS TYPE 3 RESPONSE RECORD DATA ELEMENT DEFINITION

DATA ELEMENT DEFINITION

ELEMENT NAME: RECORD TYPE			

RECORDS/LOCATOR NUMBERS			
FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 1 (header portion)	Yes	1	None

FORMAT	Numeric - 1 character.
SOURCE	DEERS establishes Record Type values.
ELEMENT DEFINITION	The Record Type is a unique identifier assigned to each of the records within the DEERS/contractor online interface with the contractors.
ELEMENT PURPOSE	To uniquely identify the type of online record, ie., query, update, or response.

VALUE SPECIFICATIONS		
	1	DEERS Query Type 1. Submitted by the contractor to DEERS to determine whether a sponsor/family member is resident on DEERS today.
	2	DEERS Query Type 2. Submitted by the contractor to DEERS to determine whether a patient is eligible for care for a specific treatment period.
	3	DEERS Response Type 3. Returned from DEERS to indicate the eligible/ineligible response or the fact that the sponsor cannot be found on either a sponsor or family member query, or that no family members for the sponsor can be found on a family member query.
	4	DEERS Response Type 4. Returned from DEERS to provide a listing of the entire family when an exact match cannot be made on either family member name or date of birth between the contractor data and DEERS data for a family member.
	5	DEERS MCSP Update. Submitted by the contractor to DEERS to update beneficiary enrollment in managed care support program (MCSP) region or DMIS-ID location.
	6	DEERS MCSP Response. Returned from DEERS to indicate the success/failure of the DEERS MCSP Update.

DATA ELEMENT DEFINITION

ELEMENT NAME: QUERY CODE

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 2-3 (header portion)	Yes	1	None

FORMAT	Numeric - 2 characters.
SOURCE	TMA assigned via Resource Management Division.
ELEMENT DEFINITION	The Query Code is a unique identifier for a contract within a region.
ELEMENT PURPOSE	To identify a specific contract for a region and to facilitate DEERS in identifying where to return response information.

VALUE SPECIFICATIONS		
	06	FHFS - Region 6
	11	FHFS - Region 11
	13	AdminaStar
	38	Blue Cross Blue Shield of South Carolina
	45	Wisconsin Physicians Service
	53	Not currently in use
	57	FHFS - New Orleans CRI BRAC
	59	Aetna - CA/HI
	72	FHC Options

DATA ELEMENT DEFINITION

ELEMENT NAME: CLAIM NUMBER

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 4-15 (header portion)	No	1	Spaces

FORMAT	Alphanumeric - 12 characters.
SOURCE	Contractor assigned.
ELEMENT DEFINITION	The claim number is the internal control number that the contractor assigns to uniquely identify each claim.
ELEMENT PURPOSE	To allow the contractor to tie the DEERS query and DEERS response to a given claim. This field is neither stored nor used by DEERS. It is merely passed in the interface.
VALUE SPECIFICATIONS	Contractor determined within the guidelines established by TMA.

DATA ELEMENT DEFINITION

ELEMENT NAME: DEERS DEPENDENT SUFFIX (DDS)

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 16-17 (header portion)	Yes	1	Entry of '75' by contractor. When DEERS receives a value '75' the entire family will be returned to the contractor so that the contractor can select the appropriate family member when the family member DDS was not known at the time of the query. Downloading logic applies.

FORMAT	Numeric - 2 characters.
SOURCE	DEERS assigned.
ELEMENT DEFINITION	The DDS is a numeric categorization of family members based upon their relationship to the sponsor.
ELEMENT PURPOSE	To allow DEERS to select the correct patient within a family.

VALUE SPECIFICATIONS		
	01-19	Dependent Children
	20	Sponsor
	30-39	Spouses
	40-44	Mother of Sponsor
	45-49	Father of Sponsor
	50-54	Mother-in-law of Sponsor
	55-59	Father-in-law of Sponsor
	60-69	Other family members
	70-74	Unknown by DEERS
	75	Unknown by contractor
	98	Service Secretary Designee

DATA ELEMENT DEFINITION

ELEMENT NAME:	SPONSOR SSN

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 18-26 (header portion)	Yes	1	None. Downloading logic applies.

FORMAT	Numeric - 9 characters.
SOURCE	Assigned by Social Security Administration except in rare instances where a sponsor has no SSN, DEERS will assign a pseudo SSN.
ELEMENT DEFINITION	The SSN is a unique identifier used to locate a sponsor on DEERS or when combined with the first 5 digits of the Sponsor's last name and patient date of birth, a family member on DEERS. The contractor data obtained from the claim and passed to DEERS via the Type 1 or 2 query is compared to the DEERS data for a match.
ELEMENT PURPOSE	To uniquely identify a sponsor.
VALUE SPECIFICATIONS	Determined by SSA.

DATA ELEMENT DEFINITION

ELEMENT NAME: SPONSOR'S CURRENT SSN

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 27-35 (header portion)	No	1	Zeros

FORMAT	Numeric - 9 characters.
SOURCE	DEERS via Service Personnel Community.
ELEMENT DEFINITION	This field identifies the possibility of an individual sponsor with more than one SSN on DEERS.
ELEMENT PURPOSE	To identify possible transpositions in the Sponsor SSN number which may cause the contractor to inadvertently establish two deductibles for the same sponsor's family.
VALUE SPECIFICATIONS	DEERS fills this field when there is a 7 out of 9 match on the SSN and the Sponsor has the same name.

DATA ELEMENT DEFINITION

ELEMENT NAME:	SPONSOR'S NAME

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 36-62 (header portion)	Yes	1	None for last name or first name. If not all 27 characters are used and no middle initial exists, a comma after first name is not necessary. DEERS will terminate the name at the first space. Downloading logic applies.
FORMAT	Alphanumeric - 27 characters. Last name maximum is 16; first name maximum is 10; middle initial is 1. Format is last name, first name, middle initial. Designations such as Jr., II, III, etc. must be appended to last name with no delimiter.		
SOURCE	Supplied to DEERS by Service Personnel Community.		
ELEMENT DEFINITION	Last name, first name, middle initial of the sponsor.		
ELEMENT PURPOSE	To link to Sponsor's SSN to ensure correct sponsor is selected by DEERS.		
VALUE SPECIFICATIONS	Last name, first name, middle initial. Commas are to be used as delimiters when maximum sizes are not used within the total 27 characters. Refer to Format below. Designations such as JR., II, III, etc. must be directly appended to the last name with no delimiter.		

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT'S NAME

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 63-89 (header portion)	Yes	1	None for last name or first name. If not all 27 characters are used and no middle initial exists, a comma after first name is not necessary. DEERS will terminate the name at the first blank space. Downloading logic applies.

FORMAT	Alphanumeric - 27 characters. Last name maximum is 16; first name maximum is 10; middle initial is 1. Format is last name, first name, middle initial. Designations such as Jr., II, III, etc. must be appended directly to last name with no delimeter.
SOURCE	DEERS supplied by Service Personnel Community.
ELEMENT DEFINITION	Name of patient. Last name, first name, middle initial.
ELEMENT PURPOSE	To identify the patient in combination with the Sponsor's SSN, first 5 digits of sponsor's last name, and patient date of birth.
VALUE SPECIFICATIONS	Last name, first name, middle initial. Commas are to be used as delimiters when maximum sizes are not used within the total 27 characters. Refer to Format below. Designations such as Jr., II, III, etc. must be appended directly to the last name with no delimeter.

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT'S SEX

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 90 (header portion)	Yes	1	None. Downloading logic applies.

FORMAT	Alphabetic - 1 character.
SOURCE	Supplied to DEERS by Service Personnel Community.
ELEMENT DEFINITION	The contractor enters the patient sex from the claim onto the DEERS Query Type 1 or 2 and then DEERS returns the patient sex entered by the Service Personnel Community. Discrepancies must be resolved internally by the contractor at claims processing time.
ELEMENT PURPOSE	For the contractor's purpose, the patient sex is compared to type of procedure to ensure agreement. A simple example would be to ensure that a male had not had a hysterectomy performed.
VALUE SPECIFICATIONS	M Male
	F Female
	Z Unknown (Undeterminable)

DATA ELEMENT DEFINITION

ELEMENT NAME:	PATIENT'S DATE OF BIRTH

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 91-98 (header portion)	Yes	1	None. Downloading logic applies.

FORMAT	Numeric - 8 characters. Format is YYYYMMDD.
SOURCE	Supplied to DEERS from the Service Personnel Community.
ELEMENT DEFINITION	Date of birth as determined by a State issued certificate of birth or hospital certificate of birth and entered onto DEERS via the Service Personnel Community.
ELEMENT PURPOSE	To determine changes in eligibility based on age.
VALUE SPECIFICATIONS	See Reason for Change Codes - Addendum D. These codes give the ages for which eligibility is terminated.

DATA ELEMENT DEFINITION

ELEMENT NAME:	FROM DATE OF TREATMENT

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 99-106 (header portion)	Yes	1	None

FORMAT	Numeric - 8 characters. Format is YYYYMMDD.
SOURCE	Contractor supplied.
ELEMENT DEFINITION	The From Date of Treatment is the beginning date of services for a procedure or hospital length of stay.
ELEMENT PURPOSE	To query DEERS for an entire treatment encounter to obtain an eligibility response determination based upon the full time.
VALUE SPECIFICATIONS	None

DATA ELEMENT DEFINITION

ELEMENT NAME: TO DATE OF TREATMENT

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 107-114 (header portion)	Yes	1	None

FORMAT	Numeric - 8 characters. Format is YYYYMMDD.
SOURCE	Contractor supplied.
ELEMENT DEFINITION	The To Date of Treatment is the ending date of services for a procedure or hospital length of stay.
ELEMENT PURPOSE	To query DEERS for an entire treatment encounter to obtain an eligibility response determination based upon the full time.
VALUE SPECIFICATIONS	None

DATA ELEMENT DEFINITION

ELEMENT NAME:	NAS REQUIRED INDICATOR

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 115 (header portion)	Yes	1	None

FORMAT	Numeric - 1 character.
SOURCE	Contractor supplied.
ELEMENT DEFINITION	The NAS Required indicator identifies the various categories of NASs.
ELEMENT PURPOSE	To allow the contractor to select NASs corresponding to the type of care on the claim. For example only inpatient NASs can be requested for an inpatient claim.

VALUE SPECIFICATIONS	0	NAS data is not required for this claim.
	1	Request for DEERS to send all Inpatient NAS (INAS) data for the patient.
	2	Request for DEERS to send all Outpatient NAS (ONAS) dat for the patient.
	3	Request for DEERS to send all INAS and ONAS data for the patient.
	4	Request for DEERS to send only restricted NASs/Care Authorizations relating to appropriate MCSP contracts.
	5	Request for DEERS to send all categories of NAS data listed above, i.e., non-selective.

DATA ELEMENT DEFINITION

ELEMENT NAME:	DATE OF ADMISSION

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 116-123 (header portion)	No	1	Spaces

FORMAT	Numeric - 8 characters. Format is YYYYMMDD.
SOURCE	Contractor supplied.
ELEMENT DEFINITION	The Date of Admission is the hospital admission date which is used by DEERS in conjunction with NAS Required Indicator 1.
ELEMENT PURPOSE	To allow DEERS to select INAS data around the hospital admission date.
VALUE SPECIFICATIONS	Typical date related validity checks.

DATA ELEMENT DEFINITION

ELEMENT NAME:	LAST UPDATE DATE

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 124-131 (header portion)	Yes	1	None

FORMAT	Numeric - 8 characters. Format is YYYYMMDD.
SOURCE	DEERS
ELEMENT DEFINITION	The last time the DEERS enrollment or eligibility information was updated is recorded in this field.
ELEMENT PURPOSE	To indicate to the contractor that something has recently changed. It could, for example, be a pay grade, or a marital change. It is intended to just be an advisory flag.
VALUE SPECIFICATIONS	Typical date related validity checks.

DATA ELEMENT DEFINITION

ELEMENT NAME: DESERT STORM INDICATOR

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 132 (header portion)	Yes	1	None

FORMAT	Alphabetic - 1 character.
SOURCE	Supplied to DEERS via the Service Personnel Community
ELEMENT DEFINITION	The Desert Storm Indicator Field designates whether a sponsor was involved in Operation Desert Storm.
ELEMENT PURPOSE	To indicate that beneficiary claims for dates of service from April 1, 1991 through September 30, 1991, will be exempt from increased deductible charges.
VALUE SPECIFICATIONS	Space No involvement in Operation Desert Storm.
	D Involvement in Operation Desert Storm.

DATA ELEMENT DEFINITION

ELEMENT NAME:	INCAPACITATION

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 133 (header portion)	Yes	1	None

FORMAT	Alphabetic - 1 character.
SOURCE	Supplied to DEERS via the Service Personnel Committee
ELEMENT DEFINITION	The Incapacitation Field identifies temporary and permanent incapacitations for family members and temporary and permanent disabilities for sponsors.
ELEMENT PURPOSE	To determine whether an incapacitation/disability exists and to distinguish between a temporary and permanent classification.
VALUE SPECIFICATIONS	For Family Members:
	N No incapacitation
	T Temporary incapacitation
	P Permanent incapacitation
	For Sponsors:
	N No disability
	T Temporary disability
	P Permanent disability

DATA ELEMENT DEFINITION

ELEMENT NAME: STUDENT

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 134 (header portion)	Yes	1	None

FORMAT	Alphabetic - 1 character.
SOURCE	Supplied to DEERS via Service Personnel Community
ELEMENT DEFINITION	The Student Field identifies full-time college students between the ages of 18 and 23.
ELEMENT PURPOSE	To extend TRICARE eligibility for full-time college students.
VALUE SPECIFICATIONS	0 No full-time college student status
	1 Full-time college student status

NOTES AND SPECIAL INSTRUCTIONS:
The Student Field is followed by 30 positions of filler from 135-164.

DATA ELEMENT DEFINITION

ELEMENT NAME: NAS SEGMENT COUNT

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 165-166 (header portion)	Yes	1 for this identifier (Minimum NAS segments = 0; Maximum = 43)	None

FORMAT	Numeric - 2 characters.
SOURCE	DEERS
ELEMENT DEFINITION	The NAS Segment Count gives the number of NASs DEERS is returning for the patient.
ELEMENT PURPOSE	To indicate to the contractor's system how many NAS segments are appended to the header portion of the record.
VALUE SPECIFICATIONS	Two types of variable length segments are appended to the 168 character fixed length header portion of the record. These are the NAS segments with a length of 38 characters occurring multiple times and the eligibility segments with a length of 118 characters occurring multiple times. The overall record length must not exceed 1920 characters. To ensure that the 1920 characters are not exceeded, the more eligibility segments that are required in the response, the fewer NAS segments that can be accompanied. The segment distribution is as follows:

Number of Eligibility Segments	Maximum NAS Segments
01	43
02	39
03	36
04	33
05	30
06	27
07	24
08	21
09	18
10	15

DATA ELEMENT DEFINITION

ELEMENT NAME:	ELIGIBILITY SEGMENT COUNT

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 167-168 (header portion)	Yes	1 for this identifier (Minimum Eligibility segments = 1; Maximum = 10)	None

FORMAT	Numeric - 2 characters.
SOURCE	DEERS
ELEMENT DEFINITION	The Eligibility Segment Count gives the number of eligibility changes DEERS is returning for the patient.
ELEMENT PURPOSE	To indicate to the contractor's system how many eligibility segments are appended to the header portion of the record.
VALUE SPECIFICATIONS	Two types of variable length segments are appended to the 168 character fixed length header portion of the record. These are the NAS segments with a length of 38 characters occurring multiple times and the eligibility segments with a length of 118 characters occurring multiple times. The overall record length must not exceed 1920 characters. To ensure that the 1920 characters are not exceeded, the more eligibility segments that are required in the response, the fewer NAS segments that can be accompanied. The segment distribution is as follows:

Number of Eligibility Segments	Maximum NAS Segments
01	43
02	39
03	36
04	33
05	30
06	27
07	24
08	21
09	18
10	15

NOTES AND SPECIAL INSTRUCTIONS:
  Total length of the header portion is 168 characters.

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT'S NAME

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 1-27 (Eligibility Segment)	Yes	1	None for last name or first name. If not all 27 characters are used and no middle initial exists, a comma after first name is not necessary. DEERS will terminate the name at the first blank space. Downloading logic applies.
FORMAT	Alphanumeric - 27 characters. Last name maximum is 16; first name maximum is 10; middle initial is 1. Format is last name, first name, middle initial. Designations such as Jr., II, III, etc. must be appended directly to last name with no delimeter.		
SOURCE	DEERS supplied by Service Personnel Community		
ELEMENT DEFINITION	Name of patient. Last name, first name, middle initial.		
ELEMENT PURPOSE	To identify the patient in combination with the Sponsor's SSN, first 5 digits of sponsor's last name, and patient date of birth.		
VALUE SPECIFICATIONS	Last name, first name, middle initial. Commas are to be used as delimiters when maximum sizes are not used within the total 27 characters. Refer to Format below. Designations such as Jr., II, III, etc. must be appended directly to the last name with no delimiter.		

DATA ELEMENT DEFINITION

ELEMENT NAME:	DEERS DEPENDENT SUFFIX (DDS)

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 28-29 (Eligibility Segment)	Yes	Once for each segment.	Entry of '75' by contractor. When DEERS receives a value '75' the entire family will be returned to the contractor so that the contractor can select the appropriate family member when the family member DDS was not known at the time of the query. Downloading logic applies.

FORMAT	Numeric - 2 characters.
SOURCE	DEERS assigned.
ELEMENT DEFINITION	The DDS is a numeric categorization of family members based upon their relationship to the sponsor. In the case of divorced spouses, the first divorced spouse retains DDS 30. The next wife would be assigned DDS 31.
ELEMENT PURPOSE	To allow DEERS to select the correct patient within a family.

VALUE SPECIFICATIONS		
	01-19	Dependent Children
	20	Sponsor
	30-39	Spouses
	40-44	Mother of Sponsor
	45-49	Father of Sponsor
	50-54	Mother-in-law of Sponsor
	55-59	Father-in-law of Sponsor
	60-69	Other family members
	70-74	Unknown by DEERS
	75	Unknown by contractor
	98	Service Secretary Designee

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT'S SEX

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 30 (Eligibility Segment)	Yes	1	None. Downloading logic applies.
FORMAT	Alphabetic - 1 character.		
SOURCE	Supplied to DEERS by Service Personnel Community		
ELEMENT DEFINITION	The contractor enters the patient sex from the claim onto the DEERS Query Type 1 or 2 and then DEERS returns the patient sex entered by the Service Personnel Community. Discrepancies must be resolved internally by the contractor at claims processing time.		
ELEMENT PURPOSE	For the contractor's purpose, the patient sex is compared to type of procedure to ensure agreement. A simple example would be to ensure that a male had not had a hysterectomy performed.		
VALUE SPECIFICATIONS	M	Male	
	F	Female	
	Z	Unknown (Undeterminable)	

DATA ELEMENT DEFINITION

ELEMENT NAME:	PATIENT'S DATE OF BIRTH

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 31-38 (Eligibility Segment)	Yes	1	None. Downloading logic applies.

FORMAT	Numeric - 8 characters. Format is YYYYMMDD.
SOURCE	Supplied to DEERS from the Service Personnel Community.
ELEMENT DEFINITION	Date of birth as determined by a State issued certificate of birth or hospital certificate of birth and entered onto DEERS via the Service Personnel Community.
ELEMENT PURPOSE	To determine changes in eligibility based on age.
VALUE SPECIFICATIONS	See Reason for Change Codes. These codes give the ages for which eligibility is terminated.

DATA ELEMENT DEFINITION

ELEMENT NAME:	DEERS DATA DISCREPANCY/ELIGIBILITY CODE

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 39-40 (Eligibility Segment)	Yes	Once with each occurrence of eligibility segments (min = 1; max = 10). Eligibility Code (values 50, 60, & 70) can change from one segment to the next.	None

FORMAT	Numeric - 2 characters.
SOURCE	DEERS
ELEMENT DEFINITION	This field will either give an eligibility determination or a discrepancy reason indicating that either no sponsor or no family members for the sponsor could be found on DEERS. Systems error messages are also reported in this field when DEERS is unable to attempt to match the contractor's input data.
ELEMENT PURPOSE	To determine eligibility or to obtain the appropriate discrepancy reason when an eligibility determination is impossible. NOTE: Any code other than 50, 60, or 70 will result in termination of the record after this field.
VALUE SPECIFICATIONS	Discrepancy Codes:

	01	Sponsor SSN not found on DEERS
	02	Sponsor SSN found; Name matched; No family members found; Active Duty Sponsor
	03	Sponsor SSN found; Name matched; No family members found; Sponsor not Active Duty
	30	Invalid Data

Eligibility Codes:

	50	Eligible for Standard TRICARE, includes dual entitlement with Medicare for End Stage Renal Disease or Disabilities.
	60	Enrolled in an Alternate Care Program such as TRICARE, or Sponsor SSN found; Name matched; DOB matched but ineligible because of no TRICARE privileges.
	70	Sponsor SSN found; Name matched; DOB matched but treatment dates are outside eligibility dates.

Systems Messages:

	80	Program abend; DEERS response cannot be processed.

DATA ELEMENT DEFINITION

ELEMENT NAME:	DEERS DATA DISCREPANCY/ELIGIBILITY CODE (CONTINUED)	
VALUE SPECIFICATIONS (CONTINUED)	81	A file required by TRICARE processing is not open.
	82	Error in writing privacy log record.
	83	Error in contractor's record length.
	84	File or program is not located in CICS tables.
	85	"End of File" has been reached.
	86	Invalid contractor request has been issued.
	87	Any other exception

DATA ELEMENT DEFINITION

ELEMENT NAME:	FROM DATE OF TREATMENT

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 41-48 (Eligibility Segment)	Yes	1	None

FORMAT	Numeric - 8 characters. Format is YYYYMMDD.
SOURCE	Contractor supplied.
ELEMENT DEFINITION	The From Date of Treatment is the beginning date of services for a procedure or hospital length of stay.
ELEMENT PURPOSE	To query DEERS for an entire treatment encounter to obtain an eligibility response determination based upon the full time.
VALUE SPECIFICATIONS	None

DATA ELEMENT DEFINITION

ELEMENT NAME:	TO DATE OF TREATMENT

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 49-56 (Eligibility Segment)	Yes	1	None

FORMAT	Numeric - 8 characters. Format is YYYYMMDD.
SOURCE	Contractor supplied.
ELEMENT DEFINITION	The To Date of Treatment is the ending date of services for a procedure or hospital length of stay.
ELEMENT PURPOSE	To query DEERS for an entire treatment encounter to obtain eligibility response determination based upon the full time.
VALUE SPECIFICATIONS	None

DATA ELEMENT DEFINITION

ELEMENT NAME:	SPONSOR'S STATUS CODE

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 57 (Eligibility Segment)	Yes	One determination repeated for each eligibility segment. Sponsor Status can change from one segment to the next.	X or Z

FORMAT	Alphabetic - 1 character.
SOURCE	Supplied to DEERS via the Service Personnel Community.
ELEMENT DEFINITION	The Sponsor's Status Code is his/her status with the Uniformed Services.
ELEMENT PURPOSE	To obtain the Sponsor's Status based on the "From Date of Treatment". The DEERS history segments only include the sponsor's Status Code for the beginning of the treatment period requested by the contractor. If a change in status occurred prior to the end of the treatment period, it will not be reflected in the response from DEERS.
VALUE SPECIFICATIONS	Active Duty:

	A	Active Duty
	B	Recalled to Active Duty
	J	Academy Student/Navy OCS
	N	National Guard
	Q	Prisoner/Appellate
	T	Foreign National (NATO)
	V	Reserve
Retired:		
	D	100% disabled
	F	Former Member
	I	Permanently Disabled Retired List (PDRL)
	O	Temporarily Disabled Retired List (TDRL)
	R	Retired
	W	Title III future Reserve Retiree
Deceased:		
	K	Deceased

DATA ELEMENT DEFINITION

ELEMENT NAME: SPONSOR'S STATUS CODE (CONTINUED)

VALUE SPECIFICATIONS	Other:		
(CONTINUED)	C	Civilian
	H	Medal of Honor
	P	Tamp Designee
	X	Other
	Z	Unknown

DATA ELEMENT DEFINITION

ELEMENT NAME:	SPONSOR'S BRANCH OF SERVICE

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 58 (Eligibility Segment)	Yes	Once with each eligibility segment. This field does not display history. The same value will be reported on each segment.	X or Z NOTE: X or Z are not to be reported on HCSRS. A Branch of Service must be established for HCSR reporting. Downloading logic applies except where DEERS reports X or Z.
FORMAT	Alphabetic - 1 character.		
SOURCE	DEERS via Service Personnel Community.		
ELEMENT DEFINITION	The Sponsor's Branch of Service identifies which of the Uniformed Services the sponsor is affiliated with.		
ELEMENT PURPOSE	To enable the contractor to obtain the Branch of Service from DEERS and report to TMA for billing purposes.		
VALUE SPECIFICATIONS	A	Army	
	C	CHAMPVA (Denied CHAMPVA Claims only after 01/01/96)	
	E	U.S. Public Health Service	
	F	Air Force	
	I	NOAA	
	M	Marines	
	N	Navy	
	P	Coast Guard	
	X	Other	
	Z	Unknown	

DATA ELEMENT DEFINITION

ELEMENT NAME:	SPONSOR'S PAY GRADE

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 59-60 (Eligibility Segment)	Yes	One determination repeated for each eligibility segment.	20, 90, 95, 99

FORMAT	Alphabetic - 2 characters.
SOURCE	Supplied to DEERS via the Service Personnel Community.
ELEMENT DEFINITION	The Sponsor's Pay Grade is his/her pay status with the Uniformed Services.
ELEMENT PURPOSE	To obtain the Sponsor's Pay Grade based on the "From Date of Treatment". The DEERS history segments only include the sponsor's Status Code for the beginning of the treatment period requested by the contractor. If a change in status occurred prior to the end of the treatment period, it will not be reflected in the response from DEERS.

VALUE SPECIFICATIONS	01-09	Enlisted (E1 - E9)
	11-15	Warrant Officer (W1 - W5)
	19	Academy or Navy OCS Students
	20	Unknown Officer
	21-31	Officer (O1 - O10)
	41-58	GS1 - GS18
	90	Unknown
	95	Not applicable
	99	Other

DATA ELEMENT DEFINITION

ELEMENT NAME: REASON FOR CHANGE CODE

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 61 (Eligibility Segment)	Yes	Once with each eligibility segment. The Reason for Change code can have different values with different segments for a given query response.	None

FORMAT	Alphabetic - 1 character.
SOURCE	DEERS for "soft" Reason for Change Codes and DEERS via Service Personnel Community for "hard" Reason for Change Codes.
ELEMENT DEFINITION	There are two types of Reason for Change Codes, hard and soft. The hard Reason for Change Codes are those values explaining why a beneficiary's eligibility has ended. The soft Reason for Change Codes are those values indicating the potential termination of eligibility sometime in the future.
ELEMENT PURPOSE	To determine why eligibility has terminated in the case of hard Reason for Change and why it is expected to end in the case of soft Reason for Change Codes. Hard Reason for Change Codes directly impact claims processing and soft Reason for Change Codes alert the contractor to a change ahead which, in some cases can impact claims processing in a very short time. For Hard Reason for Change codes, the family member record will remain active on the DEERS database for two years without any query activity. If query activity occurs within the two-year period, the record will remain active for two years from the last query.
VALUE SPECIFICATIONS	Both hard and soft Reason for Change Code values are listed in Addendum D.

DATA ELEMENT DEFINITION

ELEMENT NAME:	ALTERNATE CARE FLAG

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 62 (Eligibility Segment)	Yes	Once for each eligibility segment. This value may be different on different segments.	None

FORMAT	Alphanumeric - 1 character.
SOURCE	DEERS via Service Personnel Community for TRICARE eligibility and contractors' update to DEERS for TRICARE enrollment.
ELEMENT DEFINITION	This flag is used to indicate a beneficiary's choice of utilizing TRICARE or USFHP designated providers.
ELEMENT PURPOSE	To determine how to process and cost share claims based on TRICARE enrollment or TRICARE requirements.

VALUE SPECIFICATIONS	A	Managed Care Support Program (MCSP) -- Active Duty member enrolled in MCSP - not entitled to TRICARE
	B*	CHAMPVA (for claims processed by TRICARE, historical use only) (Not a DEERS response. This is an internal code for contractor systems)
	D	MCSP -- Direct Care eligible only family members - enrolled in MCSP
	E	MCSP -- TRICARE and Direct Care eligible (Family Members and Retirees enrolled in MCSP)
	G*	CAM -- Ft. Sill (for historical claims processing only)
	H*	CAM -- Ft. Carson (for historical claims processing only)
	I	FEHBP Demonstration
	J*	CAM -- Bergstrom (for historical claims processing only)
	K	CAM -- Luke/Williams
	N	Not enrolled in MCSP; TRICARE eligible
	P*	Prime
	S	Continued Health Care Benefit Program (CHCBP)
	U	USFHP Designated Provider

NOTES AND SPECIAL INSTRUCTIONS:
Values displaying an "*" will be eliminated by approximately the beginning of FY97.

DATA ELEMENT DEFINITION

ELEMENT NAME: ALTERNATE CARE FLAG (CONTINUED)		
VALUE SPECIFICATIONS (CONTINUED)	V*	CHAMPVA (for claims processed by CHAMPVA concurrently while TRICARE was processing CHAMPVA claims, historical reference only)
	W	TRICARE Senior Supplement Demonstration (TSS)

NOTES AND SPECIAL INSTRUCTIONS:
Values displaying an "*" will be eliminated by approximately the beginning of FY97.

DATA ELEMENT DEFINITION

ELEMENT NAME: DMIS-ID

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 63-66 (Eligibility Segment)	Yes	Once with each eligibility segment. Different values can appear for different segments.	None, Required Field

FORMAT	Alphanumeric - 4 characters (right justified).
SOURCE	Contractor via the Type 5 Update Record.
ELEMENT DEFINITION	The DMIS-ID identifies the location of the Primary Care Manager. For Primary Care Managers affiliated with an MTF/Clinic, the MTF clinic DMIS-ID will be used. For PCMs affiliated with the networks, a 6900, 7900, or 8000 series will be used.
ELEMENT PURPOSE	To enable the lead agent MTF to monitor and balance care given within the MTFs and the network providers.
VALUE SPECIFICATIONS	The DMIS-IDs will be valid MTF DMIS-IDs produced by Vector Research, Inc. in their regularly published catchment area directories.

ENROLLMENT STATUS OR PROGRAM CODE MATRIX
AS OF 10/01/97 THROUGH 09/30/99

HCSRs		DEERS	
REGION IDENTIFIER	ENROLLMENT STATUS/ PROGRAM	DMIS-ID	PCM LOCATION CODE REPORTED TO DEERS
Region 1	U	6901, 8000 - 8099	01
	W	7901, 8000 - 8099, or blank	01
	Z, BB	Valid MTF/Clinic	00
Region 2	U	6501, 6902, 8000 - 8099	01
	W	7902, 8000 - 8099, or blank	01
	Z, BB	Valid MTF/Clinic	00
Region 3	U	6903	01
	Z, BB	Valid MTF/Clinic	00
Region 4	U	6904	01
	Z, BB	Valid MTF/Clinic	00
Region 5	U	6905, 8000 - 8099	01
	W	7905, 8000 - 8099, or blank	01
	Z, BB	Valid MTF Clinic	00
Region 6	U	6906	01
	Z, BB	Valid MTF/Clinic	00
Central Region (Region 7/8)	U	6907, 6908	010
	Z, BB	Valid MTF/Clinic	00
Region 9	U	6909	01
	Z, BB	Valid MTF/Clinic	00
Region 10	U	6901	01
	Z, BB	Valid MTF/Clinic	00

This table further clarifies the PCM Location DMIS-ID element.

ENROLLMENT STATUS OR PROGRAM CODE MATRIX
AS OF 10/01/97 THROUGH 09/30/99 (CONTINUED)

HCSRs		DEERS	
REGION IDENTIFIER	ENROLLMENT STATUS/ PROGRAM	DMIS-ID	PCM LOCATION CODE REPORTED TO DEERS
Region 11	U	6911	01
	W	6911 or blank	01
	Z, BB	Valid MTF/Clinic	00
Region 12	U	6912	01
	Z, BB	Valid MTF/Clinic	00

This table further clarifies the PCM Location DMIS-ID element.

ENROLLMENT STATUS OR PROGRAM CODE MATRIX
AS OF 10/01/99

HCSRs		DEERS	
REGION IDENTIFIER	ENROLLMENT STATUS/ PROGRAM	DMIS-ID	PCM LOCATION CODE REPORTED TO DEERS
Region 1	U	6901, 8000 - 8099	01
	W	7901, 8000 - 8099,	01
	Z, BB, SR	Valid MTF/Clinic	00
Region 2	U	6902, 8000 - 8099	01
	W	7902, 8000 - 8099	01
	Z, BB, SR	Valid MTF/Clinic	00
Region 3	U	6903	01
	W	7903	01
	Z, BB, SR	Valid MTF/Clinic	00
Region 4	U	6904	01
	W	7904	01
	Z, BB, SR	Valid MTF/Clinic	00
Region 5	U	6905, 8000 - 8099	01
	W	7905, 8000 - 8099	01
	Z, BB, SR	Valid MTF Clinic	00
Region 6	U	6906	01
	W	7906	01
	Z, BB, SR	Valid MTF/Clinic	00
Central Region (Region 7/8)	U	6907, 6908	010
	W	7907, 7908	01
	Z, BB, SR	Valid MTF/Clinic	00

This table further clarifies the PCM Location DMIS-ID element.

ENROLLMENT STATUS OR PROGRAM CODE MATRIX
AS OF 10/01/99 (CONTINUED)

HCSRs		DEERS	
REGION IDENTIFIER	ENROLLMENT STATUS/ PROGRAM	DMIS-ID	PCM LOCATION CODE REPORTED TO DEERS
Region 9	U	6909	01
	W	7909	01
	Z, BB, SR	Valid MTF/Clinic	00
Region 10	U	6901	01
	W	7910	01
	Z, BB, SR	Valid MTF/Clinic	00
Region 11	U	6911	01
	W	7911	01
	Z, BB, SR	Valid MTF/Clinic	00
Region 12	U	6912	01
	W	7912, 7916	01
	Z, BB, SR	Valid MTF/Clinic	00

This table further clarifies the PCM Location DMIS-ID element.

DATA ELEMENT DEFINITION

ELEMENT NAME: REGION CODE

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 67-68 (Eligibility Segment)	No	Once with each segment. This field contains history. Different values can appear with different segments.	Spaces

FORMAT	Alphanumeric - 2 characters.
SOURCE	DEERS via MFIM
ELEMENT DEFINITION	The region code will uniquely identify the 12 regions within the United States and will identify countries outside the United States with specific country codes.
ELEMENT PURPOSE	To uniquely identify U.S. regions and other countries to determine, for one thing, which contractor is responsible for claims payment for the area.
VALUE SPECIFICATIONS	U.S. Region Codes: Country Codes:

01 = Region 1
02 = Region 2
03 = Region 3
04 = Region 4   OV = Overseas Non-Catchment
05 = Region 5   UK = Unknown Service Area
06 = Region 6   13 = TRICARE Europe
07 = Region 7   14 = TRICARE Pacific
08 = Region 8   15 = TRICARE SouthCOM
09 = Region 9
10 = Region 10
11 = Region 11
12 = Region 12

NOTE: These country codes are not the same as the FIPS publication codes used for overseas claims processing, e.g., FIPS Pub Code 'UK' = United Kingdom

DATA ELEMENT DEFINITION

ELEMENT NAME: PCM LOCATION CODE

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 69-70 (Eligibility Segment)	Yes	Once per eligibility segment. The value in this field could be different for different eligibility segments because a beneficiary could move from one DMIS site to another and be assigned a network provider at one and an MTF at the other.	None, Required Field
FORMAT		Alphanumeric - 2 characters.	
SOURCE		Contractors.	
ELEMENT DEFINITION		The contractor indicates whether the beneficiary is assigned to a contracted network provider or a direct care Primary Care Manager (PCM).	
ELEMENT PURPOSE		To determine and monitor the assignment and cost of sending care outside the MTF.	
VALUE SPECIFICATIONS	00	Direct Care Primary Care Manager	
	01	Contracted Network Primary Care Manager.	

DATA ELEMENT DEFINITION

ELEMENT NAME:	PCM TELEPHONE NUMBER

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 71-80 (Eligibility Segment)	No	Once with each eligibility segment. Because beneficiaries can move to another DMIS site within the same region, the PCM telephone number could change. Different PCM telephone numbers can appear with different segments.	Spaces

FORMAT	Alphanumeric - 10 characters.
SOURCE	DEERS via CHCS.
ELEMENT DEFINITION	The MTF/clinic telephone where the primary care manager is affiliated.
ELEMENT PURPOSE	To allow a PCM cross check with the contractor. The contractor has the option of comparing the DEERS PCM telephone number with the contractor's provider file telephone number to ensure that the authorized PCM is being used.
VALUE SPECIFICATIONS	None

DATA ELEMENT DEFINITION

ELEMENT NAME:	RELATIONSHIP CODE

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 81 (Eligibility Segment)	Yes	Once with each segment. Where a relationship changes during a treatment period, history segments will reflect the change code. An example is a pre-adoptive ward "W" whose adoption becomes final within the treatment period.	Z
FORMAT	Alphabetic - 1 character.		
SOURCE	DEERS via Service Personnel Community.		
ELEMENT DEFINITION	The relationship codes describe the specific relationship of the patient to the sponsor.		
ELEMENT PURPOSE	To determine the exact patient relationship for appropriate claims processing.		
VALUE SPECIFICATIONS	Blank	Sponsor	
	C	Child (included adopted)	
	F	Unremarried Widow(er) (unremarried means divorced from the sponsor but not remarried to anyone else)	
	G	Unmarried Widow(er) (unmarried means divorced, remarried to someone else, and divorced again)	
	H	Unmarried Former Spouse meeting 20/20/20 criteria	
	L	Parent-in-law	
	M	Step parent-in-law	
	P	Parent	
	R	Unmarried Former Spouse divorced on or after April 1, 1985, meeting 20/20/15 criteria	
	S	Spouse	
	T	Unremarried Former Spouse meeting 20/20/20 criteria	
	U	Step Parent	
	V	Step Child	
	W	Ward (includes foster and pre-adoptive children)	
	X	Other	

DATA ELEMENT DEFINITION

ELEMENT NAME:	RELATIONSHIP CODE (CONTINUED)	
VALUE SPECIFICATIONS (CONTINUED)	Y	Unremarried Former Spouse, divorced prior to April 1, 1985, meeting 20/20/15 criteria
	Z	Unknown

DATA ELEMENT DEFINITION

ELEMENT NAME: MEDICARE

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 82 (Eligibility Segment)	Yes	Once per eligibility segment. Different values may appear with different segments.	None

FORMAT	Alphabetic - 1 character.
SOURCE	DEERS via third party query to SSA.
ELEMENT DEFINITION	The Medicare Field identifies all possible combinations of entitlement that a beneficiary is affiliated with.
ELEMENT PURPOSE	To determine the extent of Medicare entitled/utilized by the patient.

VALUE SPECIFICATIONS		
	D	Eligible for Medicare Part A and Part B under age 65 where sponsor is not on active duty (Dual Medicare/CHAMPUS entitled due to disability) (Eligibility Code 50 occurs with D for alternate care flag N)
	E	Eligible for Medicare Part A at age 65 (Eligible under Spouse)
	L	Eligible for Medicare Part A and Part B under age 65 whose sponsor is not on active duty (Dual Medicare/CHAMPUS entitled for end stage renal disease) (Eligibility Code 50 occurs with L for alternate care flag N)
	N	Not eligible for Medicare
	O	Eligible for Medicare Part A after age 65 due to eligibility under spouse or completion of necessary social security quarters.
	P	Purchased Medicare Part A at or after age 65. Generally used when State purchases Medicare to alleviate high Medicaid bills.
	Q	Eligible for Medicare Part A only, under age 65 and spouse is on active duty.
	S	Not eligible for Medicare Part A at age 65 or over; generally due to lack of accumulation of necessary social security quarters.

DATA ELEMENT DEFINITION

ELEMENT NAME:	BRAC PHARMACY

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 83 (Eligibility Segment)	Yes	Once with each eligibility segment. Different segments may show where BRAC Pharmacy Benefits change from unauthorized to authorized or vice versa. This field also applies to Pharmacy Redesign Pilot Program.	None
FORMAT	Alphabetic - 1 character.		
SOURCE	DEERS		
ELEMENT DEFINITION	The BRAC Pharmacy Field shows those Medicare beneficiaries either living inside or outside a catchment area who are involved in the BRAC Pharmacy benefit for prescription drug payments or Pharmacy Redesign Pilot Program.		
ELEMENT PURPOSE	To determine which Medicare eligibles are authorized for the BRAC Pharmacy benefit.		
VALUE SPECIFICATIONS	Y	Yes, for BRAC Pharmacy benefits authorization	
	N	No BRAC Pharmacy benefits authorization	
	R	Pharmacy Redesign Pilot Program	

NOTES AND SPECIAL INSTRUCTIONS:
Following the BRAC Pharmacy Field is 35 characters of filler. Then the NAS segment begins.
Total length of the Eligibility segment is 118 characters for 1 eligibility segment.

DATA ELEMENT DEFINITION

ELEMENT NAME:	OTHER HEALTH INSURANCE INDICATOR

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 1 (NAS Segment)	No	Once with each NAS. Should be the same value with each segment.	Space

FORMAT	Alphabetic - 1 character.
SOURCE	DEERS via the NAS application. At the time an NAS is issued, OHI is also loaded where applicable.
ELEMENT DEFINITION	This field identifies whether OHI exists for care sent outside the MTF with an NAS.
ELEMENT PURPOSE	To determine whether OHI can help pay for the bill where care is sent outside the MTF.
VALUE SPECIFICATIONS	S	TRICARE Supplemental only
	C	Yes, other insurance
	N	No other health insurance

DATA ELEMENT DEFINITION

ELEMENT NAME:	NAS NUMBER

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 2-12 (NAS Segment)	No	Once per NAS segment.	None. Where no NAS is applicable, the NAS segment will not be returned to the contractor.

FORMAT	Numeric - 11 characters.
SOURCE	DEERS via entry from the MTF or designated clinic/site.
ELEMENT DEFINITION	This field uniquely identifies the NAS issuance.
ELEMENT PURPOSE	To locate a specific NAS and to determine the type of issuance, described below, applicable. Series 000-699 are valid for thirty days. 700-799 and 900-999 indicate coverage retroactively. 700-799 series are valid for one year. 900-999 are valid for the term of the pregnancy and the mother for up to 42 days after delivery for the mother's inpatient care.
VALUE SPECIFICATIONS	The first four digits are the RAPS/DMIS facility identifier. The next four digits are the last digit of the calendar year plus the julian day. (e.g. Jan 1, 1995 would be 5001). The final three digits are the facility sequence number i.e., 000-699 may be assigned in accordance with the implementing instruction of the host Service; 700-799 are assigned to chronic care retroactive INAS issuances; 800-899 are assigned to INASs issued for chronic care, and 900-999 are assigned to INASs and ONASs issued retroactively.

DATA ELEMENT DEFINITION

ELEMENT NAME: RETROACTIVE DATE

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 13-20 (NAS Segment)	No	Once per NAS segment.	Zeros

FORMAT	YYYYMMDD
SOURCE	DEERS via NAS issuance.
ELEMENT DEFINITION	This field identifies a retroactively issued NAS primarily for maternity cases (900-999) but can also apply to chronic care cases (700-799).
ELEMENT PURPOSE	To notify the claims processor that NAS coverage occurs retroactively.
VALUE SPECIFICATIONS	For inpatient care (INASs), the date will be the hospital admission date. For maternity cases, the date will be the first prenatal care visit. For outpatient care (ONASs), the date will be the effective date of care.

DATA ELEMENT DEFINITION

ELEMENT NAME:	MAJOR DIAGNOSTIC CATEGORY CODE

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 21-22 (NAS Segment)	Yes	Once with each NAS segment. The value may change with changing segments.	None
FORMAT	Numeric - 2 characters.		
SOURCE	DEERS via NAS issuance.		
ELEMENT DEFINITION	The Major Diagnostic Category Code is the major diagnosis group for the official DRG codes.		
ELEMENT PURPOSE	To distinguish inpatient NAS issuances (INASs) from outpatient NAS issuances (ONASs). Codes 01-60 are for inpatient and 61-74 are for outpatient. Also, to determine the type of care that the NAS was issued for. The type of care on the claim is compared to the type of care on the NAS for general agreement.		
VALUE SPECIFICATIONS	01-60	Inpatient	
	61-74	Outpatient	

DATA ELEMENT DEFINITION

ELEMENT NAME: NAS STATUS

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 23 (NAS Segment)	Yes	Once with each segment. Different segments may yield different values. (Since each segment is a new NAS, the NAS Status may be "U" on one and "X" on another.)	None

FORMAT	Alphabetic - 1 character.
SOURCE	DEERS via NAS issuance.
ELEMENT DEFINITION	This field identifies validity of the NAS.
ELEMENT PURPOSE	To determine whether an NAS is active (unconditional) or erroneously issued (cancelled).
VALUE SPECIFICATIONS	U Unconditional
	X Cancelled

DATA ELEMENT DEFINITION

ELEMENT NAME:	REASON FOR ISSUANCE

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 24 (NAS Segment)	Yes	Once with each NAS segment. Each new NAS segment could potentially have a different Reason For Issuance.	None
FORMAT	Numeric - 1 character.		
SOURCE	DEERS via NAS issuance.		
ELEMENT DEFINITION	This field explains why the care was directed away from the MTF.		
ELEMENT PURPOSE	To facilitate DEERS and TMA statistical reporting such as determining types of care that are routinely diverted from the MTF and in which geographical locations.		
VALUE SPECIFICATIONS	1	Facilities unavailable	
	2	Professional capability unavailable	
	3	Medically inappropriate	
	4	Proper facilities are temporarily not available in a safe or timely manner	
	5	Professional capability is not available in a safe or timely manner	
	6	Proper facilities or professional capability are permanently unavailable at this site	
	7	Enrollee Network Care Authorizations/Restricted NASs	
	8	Enrollee Non-Network Care Authorizations/Restricted NASs	
	9	Not enrolled, authorized network care only	

DATA ELEMENT DEFINITION

ELEMENT NAME: ACCESS COUNTER

RECORDS/LOCATOR NUMBERS

FIELD LOCATION	REQUIRED	OCCURRENCES	DEFAULT VALUE
Position 26-28 (NAS Segment)	Yes	Once with each NAS segment.	None
FORMAT	Numeric - 3 characters.		
SOURCE	DEERS		
ELEMENT DEFINITION	This field tallies the number of times a particular NAS has been queried in the DEERS/TRICARE host-to-host interface.		
ELEMENT PURPOSE	For DEERS and TMA to determine the number of times an NAS has been accessed for claims processing for statistical reporting purposes.		
VALUE SPECIFICATIONS	Chronological tally up to 999 times.		

FIGURE 9-E-1   CHAMPUS MEDICARE MATRIX

		CHAMPUS OUTPUT RESPONSES			
		ELIGIBLITY CODE	ALTERNATE CARE	ELIGIBILITY END REASON	MEDICARE
		60	B	#	D
		70	B	#	D
		50	N	#	D
		70	N	#	D
		60	E	#	D
		70	E	#	D
		60	G	#	D
		70	G	#	D
		60	H	#	D
		70	H	#	D
		60	J	#	D
		70	J	#	D
		60	K	#	D
		70	K	#	D
		60	P	#	D
		70	P	#	D
		60	U	#	D
		70	U	#	D
		60	V	#	D
		70	V	#	D
		60	A	#	E
		70	A	#	E
		70	N	#	E
		60	D	#	E
		70	D	#	E
		60	N	#	E
		70	N	#	E
		60	U	#	E
		70	U	#	E
		60	B	#	L

FIGURE 9-E-1   CHAMPUS MEDICARE MATRIX (CONTINUED)

		CHAMPUS OUTPUT RESPONSES			
		ELIGIBLITY CODE	ALTERNATE CARE	ELIGIBILITY END REASON	MEDICARE
		70	B	#	L
		50	N	#	L
		70	N	#	L
		60	E	#	L
		70	E	#	L
		60	G	#	L
		70	G	#	L
		60	H	#	L
		70	H	#	L
		60	J	#	L
		70	J	#	L
		60	K	#	L
		70	K	#	L
		60	P	#	L
		70	P	#	L
		60	U	#	L
		70	U	#	L
		60	V	#	L
		70	V	#	L
		60	A	#	N
		70	A	#	N
		60	B	#	N
		70	B	#	N
		50	N	#	N
		70	N	#	N
		60	D	#	N
		70	D	#	N
		60	E	#	N
		70	E	#	N
		60	G	#	N
		70	G	#	N

FIGURE 9-E-1 CHAMPUS MEDICARE MATRIX (CONTINUED)

		CHAMPUS OUTPUT RESPONSES		
		ELIGIBLITY CODE	ALTERNATE CARE	ELIGIBILITY END REASON	MEDICARE
		60	H	#	N
		70	H	#	N
		60	J	#	N
		70	J	#	N
		60	K	#	N
		70	K	#	N
		60	N	#	N
		70	N	#	N
		60	P	#	N
		70	P	#	N
		60	U	#	N
		70	U	#	N
		60	V	#	N
		70	V	#	N
		60	N	#	O
		70	N	#	O
		60	N	#	O
		70	N	#	O
		60	A	#	P
		70	A	#	P
		60	B	#	P
		70	B	#	P
		50	N	#	P
		70	N	#	P
		60	D	#	P
		70	D	#	P
		60	E	#	P
		70	E	#	P
		60	G	#	P
		70	G	#	P
		60	H	#	P

FIGURE 9-E-1   CHAMPUS MEDICARE MATRIX (CONTINUED)

| | | CHAMPUS OUTPUT RESPONSES | | | |
		ELIGIBLITY CODE	ALTERNATE CARE	ELIGIBILITY END REASON	MEDICARE
		70	H	#	P
		60	J	#	P
		70	J	#	P
		60	K	#	P
		70	K	#	P
		60	N	#	P
		70	N	#	P
		60	P	#	P
		70	P	#	P
		60	U	#	P
		70	U	#	P
		60	V	#	P
		70	V	#	P
		60	A	#	Q
		70	A	#	Q
		50	N	#	Q
		70	N	#	Q
		60	D	#	Q
		70	D	#	Q
		60	E	#	Q
		70	E	#	Q
		60	G	#	Q
		70	G	#	Q
		60	H	#	Q
		70	H	#	Q
		60	J	#	Q
		70	J	#	Q
		60	K	#	Q
		70	K	#	Q
		60	N	#	Q
		70	N	#	Q

FIGURE   9-E-1   CHAMPUS MEDICARE MATRIX (CONTINUED)

		CHAMPUS OUTPUT RESPONSES			
		ELIGIBLITY CODE	ALTERNATE CARE	ELIGIBILITY END REASON	MEDICARE
		60	P	#	Q
		70	P	#	Q
		60	U	#	Q
		70	U	#	Q
		60	A	#	S
		70	A	#	S
		60	B	#	S
		70	B	#	S
		50	N	#	S
		70	N	#	S
		60	D	#	S
		70	D	#	S
		60	E	#	S
		70	E	#	S
		60	G	#	S
		70	G	#	S
		60	H	#	S
		70	H	#	S
		60	J	#	S
		70	J	#	S
		60	K	#	S
		70	K	#	S
		60	N	#	S
		70	N	#	S
		60	P	#	S
		70	P	#	S
		60	U	#	S
		70	U	#	S
		60	V	#	S
		70	V	#	S